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Headquarters U.S. Air Force

Integrity - Service - Excellence

FY06-11 POM Build Council Brief

U.S. AIR FORCE

26 Feb 04

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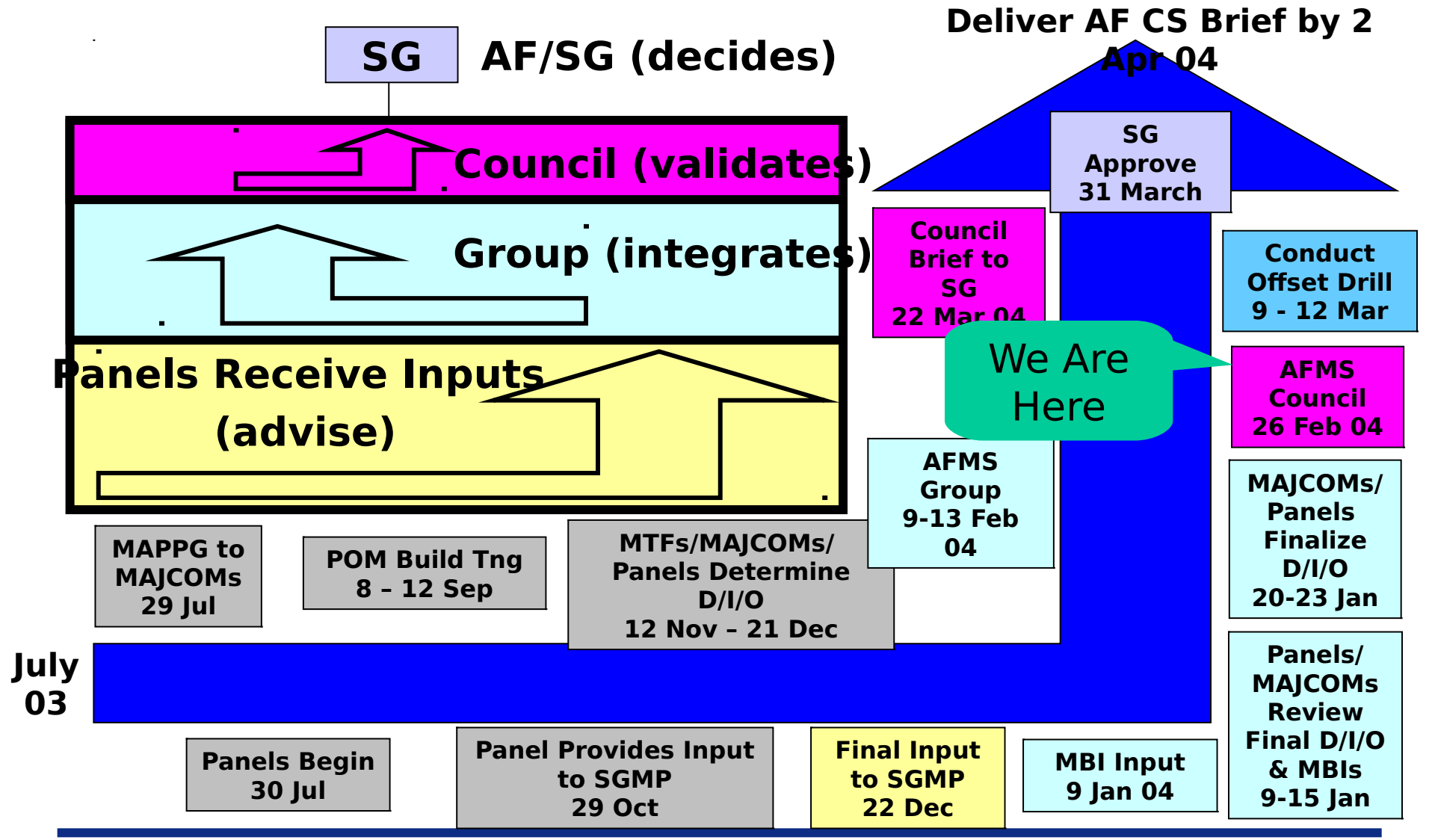
AFMS 06-11 POM Build: Timeline 3.0


SG
AF/SG (decides)
Council (validates)
Group (integrates)
Panels Receive Inputs (advise)
Deliver AF CS Brief by 2 Apr 04
SG Approve 31 March
Council Brief to SG 22 Mar 04
Conduct Offset Drill 9 - 12 Mar
We Are Here
AFMS Council 26 Feb 04
AFMS Group 9-13 Feb 04
MAJCOMs/ Panels Finalize D/I/O 20-23 Jan
MAPPG to MAJCOMs 29 Jul
POM Build Tng 8 – 12 Sep
MTFs/MAJCOMs/ Panels Determine D/I/O 12 Nov – 21 Dec
July 03
Panels/ MAJCOMs Review Final D/I/O & MBIs 9-15 Jan
Panels Begin 30 Jul
Panel Provides Input to SGMP 29 Oct
Final Input to SGMP 22 Dec
MBI Input 9 Jan 04

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FY06-11 POM: Environment/Challenges

Resource	Activity	Risk
MILPERs	Enhanced Planning Process (EPP)	Conversion of MILPERs to GS civilian or contract – not $ for $
	MHS Transformation Study	Push jointness – reduce overall MHS requirements Reduction/conversion of MILPERs to GS civilian or contract – not $ for $
	BRAC	No certainty on retention of MILPERs from base(s) closed
O&M		
	PBD 041	Significant O&M impact caused by MTF efficiencies (being booked to revised financing)
	Intra-theater Air Evac	$22M shortfall due to loss of C9 airframe
	Pharmacy recapture repayment	Example: AFMS costs to support Buckley recapture not paid by TMA but savings taken
	MMSO	DCO efforts not supported and central contract requirements

Multiple external factors may impact future of AFMS

Categories of Major Issues That Need to Be Addressed in FY06

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a) **MTF lay down issues & implications**
   a) Medical Operations Panel issues
   b) Aeromedical Operations Panel issues
   c) Dental Operations Panel issues
   d) Medical Support Panel issues
   e) Force Development Panel issues
b) **Establishing a viable Modernization portfolio**
c) **Tails from HAF FY02-04 initiatives/disconnects**
d) **Military to Civilian conversion issues *(HAF)***
   MILPERS

Successful POM development covers these topics

POM Unknowns/TBD/TBW

- Unknown impact of Environmental Factors
  - BRAC, EPP, MHS Transformation, etc…
- Details of prospective payment system
- T-Nex Implementation and Changes in Year of Execution
- Impact of 1-4-2-1 vice 2 MRCs
- Political elections
- Potential changes in National Defense Strategy

FY06-11 POM Option Summary

- POM A
  - Option A-1
  - Option A-2
- POM B
  - Option B-1
  - Option B-2
- POM C

POM A (Options 1&2)

- Assumptions
- Details
- Costs
- Risk
- Tradespace

Recap of POM A1

- Panels examined PLATT benchmarks and developed laydown to MAJCOMs
  - PCO
  - SCO
  - Flt Med
  - Pub Hlth
  - Bio Environ
  - DCO
- MAJCOMs pushed back
- POM A1 is preferred by AFMS Group and MAJCOMs

Services	APOM Facilities	POM A Facilities	Delta Facilities
PCO	74	74	0
Family Practice	74	74	0
Internal Medicine	30	34	+4
Pediatrics	69	69	0
ER/UCC	25	24	-1
SCO	-	-	-
General Surgery	29	26	-3
Orthopedics	26	24	-2
Obstetrics	22	18	-4
Inpatient Nursing	23	19	-4
Anesthesia	25	23	-2
Operating Room	25	23	-2

Recap of POM A1

- Panels examined PLATT benchmarks and developed laydown to MAJCOMs
  - PCO
  - SCO
  - Flt Med
  - Pub Hlth
  - Bio Environ
  - DCO
- MAJCOMs pushed back
- POM A1 is preferred by AFMS Group and MAJCOMs

Services	APOM Authorizations	POM A Authorizations	Delta Authorizations
SGP	900	1015	+115
PHO	1187	1251	64
BEE	1190	1320	130
Health Promotions/HAWC	268	158	-110
Dental (048G*)			

POM A-1 Assumptions

- Maximizes opportunities for ECA/CCA/BCA
  - Laydown will contribute MTF efficiencies
- PCO critical component of SCO success
- Limited Ob/Gyn providers (faces = 55) in FY06
  - Fully employed midwives (increases from 13 to 26)
- SGP and support staff required per MTF
- PH must meet deployment & Occupational Health requirement
- Acceptable to contract Health Promotions in CONUS
- Networks can assume the workload for service closures
- Politically acceptable to reduce inpatient facilities
  - Politically acceptable to reduce Spangdahlem to

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POM A-1 Details

- Implements Long View Strategy
- PCO - Funds to support projected enrollment in FY06
- SCO - Funds (Phase II) at 21 MTFs includes clinics, perioperative and wards
- Ob/Gyn – Provides services at 18 MTFs using 55 AD Ob/Gyn MD Faces
  - OCONUS AD staff
  - CONUS & GME staffed with AD MDs, midwives, and contracts
- Inpatient - Reduces four inpatient facilities to outpatient facilities
  - Luke (Virtual OR), Offutt (ASU), Sheppard (ASU) & Spangdalhem (clinic)
- DCO - Expands DCO beyond pilot installations by 10 DTFs each year
- SGPs - Optimized every MTF
- PH - Provides officer & enlisted to most tasked/highest priority installations
- Physiology Training - Fulfills HPT-T laydown per 1998 AF/SG guidance

Initial Draft Deliberative Process

POM A-1 Costs

- **HAWCs – $5.1M**
- **Contracts – Services will be**
  - **Referral Management Centers**
  - **UM**
  - **Appointing**
  - **Personnel**
- **PSC**
- **DCO**
- **Note: Other O&M disconnects applicable to all options will be addressed later in brief**

POM A-1 Risk

- **Political fallout over reduction of inpatient facilities and OB Services**
  - **Inpatient: Luke, Offutt, Sheppard, Spangdalhem**
  - **OB: Dover, Luke, Sheppard, Spangdalhem USAFA**
- **MTFs commanders understand/communicate the LV strategy**
  - **Assume risks factored into option (Purchase nurse from revised financing dollars)**
  - **PSC recapture does not reciprocates loss of services elsewhere**
- **Line does not accept contracting HAWCs at reduced manpower level**
- **Availability of contractors or contract services**

POM A-1 Tradespace

- **36 Officers and 347 Enlisted ????**
  - **Reverse class 5 offsets (1 Off, 15 Enl)**
  - **Eval class 4 offsets for potential enlisted payment**
  - **Substitute Off and Enl FYDP for contract positions**
  - **Hold available FYDP for EPP (e.g. for restoring HAWCs to original)**
  - **Further reduce most dear offsets**

Recap of POM A2

- **Only change from POM A1 to POM A2:**
  - **Reestablishes Spangdahlem to inpatient facility**
  - **Spangdahlem transitions to clinic in FY08**

Services	APOM Facilities	POM A Facilities	Delta Facilities
PCO	74	74	0
Family Practice	74	74	0
Internal Medicine	30	34	+4
Pediatrics	69	69	0
ER/UCC	25	25	0
SCO	-	-	-
General Surgery	29	27	-2
Orthopedics	26	25	-1
Obstetrics	22	19	-3
Inpatient Nursing	23	20	-3
Anesthesia	25	24	-1
Operating Room	25	24	-1

Recap of POM A2

- **Only change from POM A1 to POM A2:**
  - **Reestablishes Spangdahlem to inpatient facility**
  - **Spangdahlem transitions to clinic in FY08**

Services	APOM Authorizations	POM A	Delta
SGP	900	1015	+115
PHO	1187	1251	64
BEE	1190	1320	130
Health Promotions/HAWC	268	158	-110
Dental (048G*)			

POM A-2 Assumptions

- Maximizes opportunities for ECA/CCA/BCA
  - Laydown will contribute MTF efficiencies
- PCO critical component of SCO success
- Limited Ob/Gyn providers (faces = 55) in FY06
  - Fully employed midwives (increases from 13 to 26)
- SGP and support staff required per MTF
- PH must meet deployment & Occupational Health requirement
- Acceptable to contract Health Promotions in CONUS
- Networks can assume the workload for service closures

Notes no change from A1

- Politically acceptable to reduce inpatient facilities
- Keep Spangdahlem as hospital in '06; reduce to

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POM A-2 Details

- Implements Long View Strategy
- PCO - Funds to support projected enrollment in FY06
- SCO - Funds (Phase II) at 21 MTFs includes clinics, perioperative and wards
- Ob/Gyn – Provides services at 18 MTFs using 55 AD Ob/Gyn MD Faces
  - OCONUS AD staff
  - CONUS & GME staffed with AD MDs, midwives, and contracts
- **Inpatient - Reduces four inpatient facilities to outpatient facilities**
  - **Luke (Virtual OR), Offutt (ASU), Sheppard (ASU)**
- DCO - Expands DCO beyond pilot installations by 10 DTFs each year
- SGPs - Optimized every MTF
- PH - Provides officer & enlisted to most tasked/highest priority installations
- Physiology – Fulfills HPTT laydown per 1998 AF/SG guidance
- BEE - Adds enlisted support staff, incrementally for 3 years

POM A-2 Costs

- **HAWCs – $5.1M**
- **Contracts – Services will be**
  - **Referral Management Centers**
  - **UM**
  - **Appointing**
  - **Personnel**
- **PSC**
- **DCO**
- **Note: Other O&M disconnects applicable to all options will be addressed later in brief**

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POM A-2 Risk

- Political fallout over reduction of inpatient facilities
  - Luke, Offutt, Sheppard, Spangdalhem
- PSC recapture reciprocates loss of services in other locations
- Line accepts contracting HAWCs at reduced manpower level
- Availability of contractors or contract services
- MTFs commanders understand/communicate the LV strategy
  - Assume risks factored into option (Purchase nurse from revised financing dollars)
- Ability to leverage enrolled PSC dollars

POM A-2 Tradespace

- -3 Officers and 316 Enlisted ???? (Fully funds Spang at 39 Officers and 31 enlisted)
  - Reverse class 5 enlisted offsets
  - *Examine D/I's to pay officer bill*
  - *Other costs would be a bill (see POM A-2).*
  - Eval class 4 offsets for potential enlisted payment
  - Substitute Enlisted FYDP for contract positions
  - *Hold available FYDP for EPP (e.g. for restoring HAWCs to original)*
  - Further reduce most dear offsets

POM B (Options 1&2)

- Assumptions
- Details
- Costs
- Risk
- Unknowns/TBD/TBW
- Tradespace

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Recap of POM Option "Major Muscle Movements"

- **Panels support optimizing functions using PLATT Team applications:**
  - **PCO**
  - **SCO**
  - **Flt Med**
  - **Pub Hlth**
  - **Bio Environ**
  - **DCO**
- **POM alternatives developed to provide AFMS senior leadership menu of choices**

Service	APOM	POM A	Delta
PCO			
Family Practice			
Internal Medicine			
Pediatrics			
ER/UCC			
SCO			
General Surgery			
Orthopedics			
Obstetrics			
Inpatient Nursing			
Anesthesia			
Operating Room			
SGP			
PHO			
BEE			
Health Promotions/HAWC			
Dental			

Each option slide built to represent change from APOM to that Option. Note major assumptions in verbiage to set the stage

POM B-1 Assumptions

- **Can only support limited change in radioactive issues**
  - **Maximizes opportunities for ECA/CCA/BCA at selected sites**
  - **PCO critical component of SCO success**
  - **Limited Ob/Gyn providers (faces = 55) in FY06**
    - **Fully employed midwives (increases from 13 to 26)**
  - **SGP and support staff required at selected sites**
  - **PHO must meet deployment & Occupational Health requirement**
  - **Acceptable to contract Health Promotions in CONUS**
  - **Network can assume the workload for service closures**
  - **Laydown will produce MTF efficiencies**
  - **Politically acceptable to reduce inpatient facilities**

POM B-1 Details

- **Implements part of Long View Strategy**
- **PCO – Targets enrollment growth at 11 MTFs**
- **SCO - Funds (Phase II) at 6 MTFs includes clinics, perioperative and wards**
- **Ob/Gyn – Provides services at 18 MTFs using 55 AD Ob/Gyn MD Faces**
  - **OCONUS AD staff**
  - **CONUS & GME staffed with AD MDs, midwives, and contracts**
- **Inpatient - Reduces four inpatient facilities to outpatient facilities**
  - **Luke (Virtual OR), Offutt (ASU), Sheppard (ASU) & Spangdalhem (clinic)**
- **DCO - Expands DCO beyond pilot installations by 10 MTFs**
- **SGPs – Adds SGP w/ minimal staff at selected sites**
- **PH - Provides limited OH support most tasked/highest priority installations**
- **Physiology – Fulfills HPTT laydown per 1998 AF/SG guidance**
- **BEE - Adds enlisted support staff; incrementally for 3 years**

POM B-1 Costs

- **HAWCs – $5.1M**
- **Contracts – Services will be**
  - **Referral Management Centers**
  - **UM**
  - **Appointing**
  - **Personnel**
- **PSC**
- **DCO**
- **Note: Other O&M disconnects applicable to all options will be addressed later in brief**

POM B-1 Risk

- **PSC recapture reduced due to SCO, PCO changes**
- Political fallout over reduction of inpatient facilities and OB Services
  - Inpatient: Luke, Offutt, Sheppard, Spangdalhem
  - OB: Dover, Luke, Sheppard, Spangdalhem USAFA
- MTFs commanders understand/communicate the LV strategy
  - Assume risks factored into option (Purchase nurse from revised financing dollars)
  - PSC recapture does not reciprocates loss of services elsewhere
- Line does not accept contracting HAWCs at reduced manpower level

POM B-1 Tradespace

- ????

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Recap of POM Option "Major Muscle Movements"

- Panels support optimizing functions using PLATT Team applications:
  - PCO
  - SCO
  - Flt Med
  - Pub Hlth
  - Bio Environ
  - DCO
- POM alternatives developed to provide AFMS senior leadership menu of choices

Service	APOM	POM A	Delta
PCO			
Family Practice			
Internal Medicine			
Pediatrics			
ER/UCC			
SCO			
General Surgery			
Orthopedics			
Obstetrics			
Inpatient Nursing			
Anesthesia			
Operating Room			
SGP			
PHO			
BEE			
Health Promotions/HAWC			
Dental			

Each option slide built to represent change from APOM to that Option. Note major assumptions in verbiage to set the stage

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POM B-2 Assumptions

- Can only support limited change in radioactive issues
  - Maximizes opportunities for ECA/CCA/BCA at selected sites
  - PCO critical component of SCO success
  - Limited Ob/Gyn providers (faces = 55) in FY06
    - Fully employed midwives (increases from 13 to 26)
  - SGP and support staff required at selected sites
  - PHO must meet deployment & Occupational Health requirement
  - Acceptable to contract Health Promotions in CONUS
  - Network can assume the workload for service closures
  - Laydown will produce MTF efficiencies per PBD 041 in Rev Fin
  - Politically acceptable to reduce inpatient facilities
  - Politically acceptable to reduce Spangdahlem to

POM B-2 Details

- Implements part of Long View Strategy
- PCO – Targets enrollment growth at 11 MTFs
- SCO - Funds (Phase II) at 6 MTFs includes clinics, perioperative and wards
- Ob/Gyn – Provides services at 18 MTFs using 55 AD Ob/Gyn MD Faces
  - OCONUS AD staff
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- **Inpatient - Reduces four inpatient facilities to outpatient facilities**
  - **Luke (Virtual OR), Offutt (ASU), Sheppard (ASU))**
- DCO - Expands DCO beyond pilot installations by 10 MTFs
- SGPs – Adds SGP w/ minimal staff at selected sites
- PH - Provides limited OH support most tasked/highest priority installations
- Physiology – Fulfills HPTT laydown per 1998 AF/SG guidance
- BEE - Adds enlisted support staff; incrementally for 3 years
- HAWCs – Reduces footprint; uses contractors in CONUS & AD in OCONUS
- Patient Administration – Restores function
- Radiology – Continues previously approved Teleradiology laydown

POM B-2 Costs

- **HAWCs – $5.1M**
- **Contracts – Services will be**
  - **Referral Management Centers**
  - **UM**
  - **Appointing**
  - **Personnel**
- **PSC**
- **Note: Other O&M disconnects applicable to all options will be addressed later in brief**

POM B-2 Risk

- PSC recapture reduced due to SCO, PCO changes
- Political fallout over reduction of inpatient facilities and OB Services
  - **Inpatient: Luke, Offutt, Sheppard**
  - **OB: Dover, Luke, Sheppard, USAFA**
- MTFs commanders understand/communicate the LV strategy
  - Assume risks factored into option (Purchase nurse from revised financing dollars)
  - PSC recapture does not reciprocates loss of services elsewhere
- Line does not accept contracting HAWCs at reduced manpower level

POM B-2 Tradespace

- ????

POM C

- Assumptions
- Details
- Costs
- Risks
- Unknowns/TBD/TBW
- Tradespace

Recap of POM C

- Maintains APOM levels for most functions
- Would need to consider OB face shortage
  - 45 manpower spaces will not be filled in FY06
- Would still need to implement MAJCOM ZBT bookkeeping changes
- May create MBI's for MAJCOMs

Service	APOM Facilities	POM A Facilities	Delta Facilities
PCO			
Family Practice	74	74	0
Internal Medicine	30	30	0
Pediatrics	69	69	0
ER/UCC	25	25	0
SCO	-	-	
General Surgery	29	29	0
Orthopedics	26	26	0
Obstetrics	22	22	0
Inpatient Nursing	23	23	0
Anesthesia	25	25	0
Operating Room	25	25	0
SGP			
PHO			
BEE			
Health Promotions/HAWC			
Dental			

POM C Assumptions

- **Med Ops PCO/SCO limits Long View implementation**
  - **Must cap enrollment at current capacity and allow downtown enrollment of excess projected enrollment requirement, or expand empanelment ratios to meet projected enrollment requirement**
  - **Potential failure to support SCO with referrals**
  - **Decrease ECA, CCA and BCA**
  - **Minimizes perioperative support required to support SCO implementation**
- **OB will still face severe face to space issue if not addressed**
  - **105 spaces for 55 faces in FY06**

POM C Assumptions

- SGP
  - Maintains the current status quo only
    - No manpower allowed for SGP, no allowance for operational mission support
- Public Health
  - No additional manpower to support any aspect of product line
- BEE
  - Continues status quo – no optimization at any installation
- HAWC
    - Maintain at current program MILPERS
    - Ensures basic fitness program support (Line funds additional 2 positions); some health ed, nutrition support
  - Physiology
    - Fulfilled HPTT laydown per AF/SG guidance 1998
      - 433 total
    - Reduces Little Rock to part time operation

POM C Details

- **Returns programming to APOM levels**
- **MAJCOMs would have to identify the ZBT bookkeeping issues that still would need fixed**
- **Should consider OB that will still face severe face to space issue if not addressed**
  - **OB changes would create overall bill to AFMS**
    - MILPERs available but spending 300K per contract for OB
  - **What part of SCO or PCO should be done with MILPERs**
  - **What is overall impact on PSC**
- **Should consider ramping up BEE and ramping down HAWC as suggested in POM A**
- **Should consider opportunities to support DCO by FYDP and $$ exchanges**

POM C Costs

- **Change in Med Ops laydown drives a PSC bill to MHS**
  - **OB reductions drive bill to private sector**
  - **SCO reductions don't permit recapture expected**
  - **Internal Medicine contracts require extensions beyond FY05**

POM C Risks

- **Med Ops**
  - **Longview not implemented**
    - PCO not realized and referral workload not generated to support current or future SCO needs
    - SCO not realized and retention further endangered due to reduced currency case
    - Workload lost to private sector hard to bring back into Direct Care system
    - ECA not met because of reduced surgical retention
  - **OB FYDP goes vacant while contract/PSC costs absorb workload**

POM C Risk

- **SGP**
  - **Will not permit recapture of workload from PCM, adverse mission impact possible**
  - **SGP, at best, an additional duty for a fully enrolled flight surgeon**
- **PHO**
  - **OH support gaps continue to widen**
    - 2002 GAO audit found 40% non-compliant – likely to worsen
    - Something has to give – recommend contract or D/C audiograms
  - **Extremely high ops tempo will continue without foreseeable solution**
  - **No ability to continue PH mission at home during deployment – lapse in installation support likely**
- **BEE**
  - **Unable to adequately meet new CBRNE response tasks**
  - **Unable to consistently meet environmental/occupational assessment requirement**
    - Risk for EPA or OSHA violations – mitigated thus far with “band-aids”
- **HAWC**
  - **Suboptimal health ed, nutrition support; little career development potential**
  - **Ties up blue suits in non-UTC positions**
  - **Eliminates need for contract funds POM C (Panel Laydown w/ bookkeeping**

POM C Tradespace

- **Transfer excess FYDP from OB to perioperative care in support of PCO – ~45 spaces**
- **Work ramp up/down of BEE/HAWC**
- **Trade off some between Dental and other Panels in support of PCO**
  - **Dental gives FYDP**
  - **Other panels give $$**

O&M Disconnects…All Options

(Figures in Millions)

Panel	Title	FY06	FY07	FY08	FY09	FY10	FY11
SGF	HPLRP	12.60	13.12	13.65	14.21	14.80	15.40
SGF	HPSP	8.20	8.54	8.89	9.25	9.63	10.02
SGF	HPSP DENTAL	3.10	3.23	3.36	3.50	3.64	3.79
SGF	HPSP DENTAL Reserve costs	1.30	1.35	1.41	1.47	1.53	1.59
SGD	DCO	4.45	4.63	4.82	5.02	5.23	5.44
SGD	AF Digital Dental Radiology Initiative	2.80	2.91	3.03	3.16	3.29	3.42
SGD	Corporate Dental Application (CDA)	0.36	0.37	0.38	0.40	0.42	0.43
SGR	PMI	8.50	8.85	9.21	9.59	9.98	10.39
SGO	OB Contract Bill	16.30	16.97	17.66	18.39	19.14	19.93
SGD	MMSO	10.00	10.41	10.84	11.28	11.74	12.23
SGR	Modernization delta	42.40	44.14	45.95	47.83	49.79	51.83
SGP	DODMERB	2.20	2.29	2.38	2.48	2.58	2.69
	Total	**112.21**	**116.81**	**121.59**	**126.58**	**131.77**	**137.17**

- **Issues must be validated, vetted, and stratified**

Recommendation

- **AFMS Council approve POM A1**
  - **Implements panel laydown as amended by the MAJCOMS**
  - **Sustains HCO while most effectively reducing PSC**
  - **Ensures mission critical changes made in Aerospace functions**

Way Ahead

- PEM/Program Parade for HQ Programs
- Offset Drill
- Schedule of Remaining Events

Headquarters U.S. Air Force

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FY06-11 POM Build Council Brief

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26 Feb 04

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Medical Plans and Programs
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- **On this slide, show the Panel to MAJCOM to Leesburg Build; “screen capture” to show adjustments made throughout process**

O&M Disconnects…All Options

(Figures in Millions)

Panel	Title	FY06	FY07	FY08	FY09	FY10	FY11
SGF	HPLRP	12.60	13.12	13.65	14.21	14.80	15.40
SGF	HPSP	8.20	8.54	8.89	9.25	9.63	10.02
SGF	HPSP DENTAL	3.10	3.23	3.36	3.50	3.64	3.79
SGF	HPSP DENTAL Reserve costs	1.30	1.35	1.41	1.47	1.53	1.59
SGD	DCO	4.45	4.63	4.82	5.02	5.23	5.44
SGD	AF Digital Dental Radiology Initiative	2.80	2.91	3.03	3.16	3.29	3.42
SGD	Corporate Dental Application (CDA)	0.36	0.37	0.38	0.40	0.42	0.43
SGR	PMI	8.50	8.85	9.21	9.59	9.98	10.39
SGO	OB Contract Bill	16.30	16.97	17.66	18.39	19.14	19.93
SGD	MMSO	10.00	10.41	10.84	11.28	11.74	12.23
SGR	Modernization delta	42.40	44.14	45.95	47.83	49.79	51.83
SGP	DODMERB	2.20	2.29	2.38	2.48	2.58	2.69
	Total	**112.21**	**116.81**	**121.59**	**126.58**	**131.77**	**137.17**

Recap of POM Option "Major Muscle Movements"

Service	Option A	Option B	Option C
PCO	- Enroll 1500-1	- Increase Staff at 11 MTFs - Enroll 1750 to 1	
SCO			
OB	- Close 7 MTFs - Assign 55 Faces to OB/GME, OCONUS, FP GME, CONUS - Contracts = ?		
Life Skills			
SGP	1 SGP for every site and increase support staff to increase enrollment	1 SGP at ?? sites and increase support staff to increase enrollment	No increase support for SGP and no increased enrollment
PHO	Increase for mission needs		
BEE	Ramp Up BEE as HAWC ramped down		
Health Promotions/HAWC	Ramp down HAWC/ Ramp up BEE		
Dental	DCO at 2 pilot sites and ?? Other MTFs		

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Recap of POM Option "Major Muscle Movements"

Big Rock	Small	Medium	Large
PCO	MTF CC will: - Cap MTF Enrollment and allow Civ PCM Enrollment OR - Increase empanelment size from 1500 to 1675	-Target Enrollment Growth at 11 Sites - All other MTFs Capped or empanelment size increased at CC discretion - Gradual increase of optimized MTFs each POM cycle	- Resource to meet projected 3% AFMS Enrollment Growth over FY05 level
SCO (No OB) – Clinic Only	- No Change	- Maybe no change?? - Paid how??	- Employs PAA Block
SCO (No OB) - Perioperative	- No Change	- Optimizes "First 5" MTFs with Highest Risk	- Optimizes all MTFs with Surgical Capability
SCO (No OB) - Inpatient	- No Change	- Surgical Bed Capacity Optimized at "First 5" MTFs only	- Fully optimizes surgical bed capacity
OB	- Transition 7 MTFs to Non-AD Provider - Assign 55 Faces to OB/GME, OCONUS, FP GME, CONUS	- Transition 7 MTFs to Non-AD Provider - Assign 55 Faces to OB/GME, OCONUS, FP GME, CONUS	- Transition 7 MTFs to Non-AD Provider - Assign 55 Faces to OB/GME, OCONUS, FP GME, CONUS
Life Skills			

Draft

U.S. AIR FORCE

Recap of POM Option "Major Muscle Movements"

Big Rock	Large	Medium	Small
SGP	1 SGP for every site and increase support staff to increase enrollment	1 SGP at ?? sites and increase support staff to increase enrollment	No increase support for SGP and no increased enrollment
PHO	Increase for mission needs		
BEE	Ramp Up BEE as HAWC ramped down		
Health Promotions/HAWC	Ramp down HAWC/ Ramp up BEE		
Dental	DCO at 2 pilot sites and ?? Other MTFs		